

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90397 030 ****61.25

DOCUMENT # N98000001194

1. Entity Name

CALLING ALL COLORS OF FLORIDA, INC.



Principal Place of Business

**720 SNOWDEN DRIVE
LAKE WORTH FL 33461**

Mailing Address

**720 SNOWDEN DRIVE
LAKE WORTH FL 33461**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0842044**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLIGAN, ALPHONSO S ESQUIRE
SUITE 409
319 CLEMATIS STREET
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
D BROWNSTEIN, TED
STREET ADDRESS **720 SNOWDEN DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D LIBERMANN, ANNE
STREET ADDRESS **111 RAINFOREST COURT**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D GUCHANI-ROSENBERG, FARAH
STREET ADDRESS **4481 CAMROSE LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D ROSENBERG, JOSHUA C
STREET ADDRESS **4481 CAMROSE LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D THOMAS-LEAHY, LOURDES
STREET ADDRESS **511 NORTH "K" STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joshua C Rosenberg* **Joshua C Rosenberg** 4/28/03 561-689-4452

CR2E037 (10/02)